

In re Application of:

DON H. MATSUBAYASHI

Application No.: 09/207,143

Filed: December 8, 1998

For: AUTOMATED OUTPUT OF
USER GUIDE

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Docket No. 03630.000170

Examiner: K. Y. Poon

Group Art Unit: 2624

Date: July 23, 2002

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Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 24	= -0-	x \$9 \$18	-0-
INDEP. CLAIMS	* 5	MINUS	*** 4	= 1	x \$42 \$84	\$84.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$84.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being
deposited with the United States Postal Service as
first class mail in an envelope addressed to:
Assistant Commissioner for Patents, Washington,
D.C. 20231 on

July 23, 2002

(Date of Deposit)

Carole A. Quinn, Reg. No. 39,000

Attorney for Applicant

Carole A. Quinn 7/23/02

Signature

Date of Signature

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 84.00 is enclosed.

Charge \$ ___ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ ___ to cover the fee for a ___ month extension is enclosed.

A check in the amount of \$ ___ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 39,000

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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